

# MIRACOSTA COLLEGE ADA GRIEVANCE POLICY

MiraCosta College has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing title 11 of the Americans with Disabilities Act. Title 11 states, in part, that "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination" in programs or activities sponsored by a public entity.

Complaints should be addressed to: Justin Crast ([jcrast@miracosta.edu](mailto:jcrast@miracosta.edu); 760 795-6866) who has been designated to coordinate ADA compliance efforts.

1. A complaint should be filed in writing or verbally, contain the name and address of the person filing it, and briefly describe the alleged violation of the regulations. [For written complaints, please complete the attached form; for verbal complaints, please dictate your concerns and a scribe in the ADA Coordinator's office will record them on the attached form.]
2. A complaint should be filed within 30 working days after the complainant becomes aware of the alleged violation. (Processing of allegations of discrimination which occurred before this grievance procedure was in place will be considered on a case-by-case basis.)
3. As in all MiraCosta grievance procedures, every attempt shall be made to resolve the allegations at the lowest, most informal level. An investigation, as may be appropriate, shall follow a filing of complaint. The investigation shall be coordinated by the ADA Coordinator and conducted by a specialist in the area of concern. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.
  - a. If complainant is a student with an academic accommodation issue, an ad hoc committee of the Academic Accommodations Committee will conduct the investigation.
  - b. This committee, will be comprised of the discipline matter specialist, a second faculty member who is not a member of the discipline, and a representative from SAS.
4. A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the ADA Coordinator and a copy forwarded to the complainant no later than 30 days after its filing.

5. The ADA Coordinator shall maintain the files and records of the MiraCosta College District relating to the complaints filed.
6. The complainant can request a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be made within 10 days to the ADA Coordinator, who will forward the request to the college president for a final determination. The college president shall provide a written determination to the complainant within 10 days of receiving the request for further consideration.
7. The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies, although it is strongly suggested that this procedure be used first.
8. These rules shall be construed to protect the substantive rights of interested persons to meet appropriate due process standards and to assure that MiraCosta College complies with the ADA and implementing regulations.
9. The ADA Coordinator may designate a temporary accommodation for the complainant while the investigation is being conducted.

# MIRACOSTA COLLEGE ADA GRIEVANCE FORM

NAME: \_\_\_\_\_

DAY TIME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1. Please describe the incident which occurred that you believe is not in compliance with the ADA law. Be as specific as possible, including dates, times, classes, instructors, etc., as appropriate. If the issue is a barrier to access, please include specific location.

2. What accommodation are you recommending that will assure compliance with ADA?

Signature: \_\_\_\_\_

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*For use by ADA Coordinator*

Date received: \_\_\_\_\_

Investigation to be conducted by: \_\_\_\_\_

Results of investigation

Is an accommodation to be made? \_\_\_\_\_ If so, what is the accommodation?

Date response returned to complainant: \_\_\_\_\_

Signature, ADA Coordinator: \_\_\_\_\_